



Voluntary Accident Insurance Plan

*Enhancing your
county's benefit
program*

**Iowa State
Association
of Counties**



It doesn't always happen to "someone else".

No one wants to think about the possibility of having a life-threatening accident, but the fact is, accidents are the fifth leading cause of death*. Although most of us believe such tragedies could never happen to us, we can't deny there are many "what ifs" to contemplate. (*National Vital Statistics Report, Volume 58, Number 19, May 19, 2010)

Accidents can cause serious financial problems for survivors who still have mortgages, loans and education costs to pay. That's why your employer has made voluntary accident coverage available to you at an affordable rate.

HIGHLIGHTS OF THE PLAN

- The insurance plan provides coverage 24 hours a day—worldwide—on and off the job and while traveling for business or pleasure.
- The insurance applies to accidental loss of life, dismemberment or bodily injury (except as limited by the exclusions included in this booklet).
- No medical/physical examination is required.
- Because it's a group plan, the rate for coverage is substantially lower than the cost of similar insurance you might purchase individually.
- Most coverage will pay in addition to any other insurance you may have.

PLAN BENEFITS, AMOUNTS, OPTIONS AND COSTS

Eligible employees may select a Principal Sum amount in increments of \$25,000, subject to a minimum of \$25,000 and a maximum of \$250,000.

You may also select from the following plans:

Plan 1: Employee Only – Covers you for the benefit amount selected.

Plan 2: Employee & Family – Covers you for the amount selected; your spouse for 50% of your principal sum amount with no dependent children and 40% when there are; your children for 15% of your principal sum amount.

Plan 3: Employee & Children – Covers you for the amount selected and each dependent child for 15% of your principal sum amount.

Monthly Costs

Plan 1: \$1.35 per \$25,000

Plan 2: \$2.00 per \$25,000

Plan 3: \$1.50 per \$25,000

Sample Benefit & Monthly Cost Table

Benefit Amount	Plan 1	Plan 2	Plan 3
\$ 25,000	\$1.35	\$2.00	\$1.50
\$ 50,000	\$2.70	\$4.00	\$3.00
\$100,000	\$5.40	\$8.00	\$6.00
\$150,000	\$8.10	\$12.00	\$9.00
\$200,000	\$10.80	\$16.00	\$12.00
\$250,000	\$13.50	\$20.00	\$15.00

SCHEDULE OF BENEFITS

Accidental Death & Dismemberment Coverage

Benefit Amount (percentage of the principal sum amount)

Loss of Life	100%
Loss of Speech & Loss of Hearing	100%
Loss of Speech & Loss of One of:	
Hand, foot or Sight of an Eye	100%

Loss of Hearing & Loss of One of Hand, foot or Sight of an Eye	100%
Loss of Both Hands, Loss of Both Feet, Loss of Sight of Both Eyes or a Combination of Any Two of a Loss of a Hand, a Loss of Foot or Loss of Sight of an Eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of One Hand, Loss of One Foot, or Loss of Sight of an Eye	50%
Loss of Speech or Loss of Hearing	50%
Loss of Thumb & Index Finger of the Same Hand	25%
Unigplegia	25%

ADDITIONAL FEATURES AVAILABLE FOR YOU

Carjacking. If you or your insured dependent suffers a covered loss as the result of a carjacking, this benefit will pay 10% of the principal sum to a maximum of \$25,000.

Child Care Expense Benefit. If you or your insured spouse suffers accidental loss of life, this benefit will pay for actual child care costs incurred, up to 10% of the principal sum to \$10,000 annually for each dependent child, up to the age of thirteen (13) for whom child care expenses are first incurred within one (1) year of the loss of life. The benefit amount is subject to a maximum total payment of \$50,000 for all children and all years. If there are no eligible dependent children, a one-time payment of \$2,000 will be paid.

Coma Benefit. If an accidental bodily injury causes you or your insured dependent to lapse into a coma within 30 days of the accident, remain in a coma for 30 consecutive days, and be confined to a hospital within the first 30 days, the coverage pays monthly benefit amounts equal to 1% of the principal sum. Coma payments will be made until you are no longer in a coma or 100% of the principal sum has been paid.

Education Expense Benefit. If you or your insured spouse suffers accidental loss of life, this benefit will reimburse actual incurred costs for your eligible dependent child's tuition, fees, room and board, required books and course supplies billed by an institution of higher learning. This benefit pays for each eligible dependent child who is enrolled at, or subsequently enrolls as a full-time student at an institution of higher learning within 2 years of the loss of life. This benefit will reimburse up to 5% of the principal sum to \$25,000 annually for each eligible child for four (4) consecutive years up to an overall maximum of \$100,000. If there are no eligible dependent children, a one-time payment of \$2,000 will be paid.

Home Alteration and Vehicle Modification. If you or your insured dependent suffers a covered loss due to an accidental bodily injury which results in a physician determining that a home alteration or vehicle modification is needed to accommodate a physical disability, and as a result you or your insured dependent incurs expenses for home alteration or vehicle modification, this benefit will reimburse the actual costs for the home alteration up to 10% of the principal sum and vehicle modification up to 10% of the principal sum, to an overall maximum of 20% of the principal sum to \$50,000.

Medical Evacuation and Repatriation. If accidental bodily injury, disease or illness causes you or your insured dependent to require medical evacuation and/or repatriation while on a covered trip more than 100 miles from home and lasting no more than 180 consecutive days, this coverage will pay for covered expenses up to a maximum of \$50,000. The medical evacuation or repatriation must be ordered by a physician and arranged by our Assistance Services Administrator.

Psychological Therapy. If you or your insured dependent suffers a covered loss resulting in a physician determining that psychological therapy is required, we will reimburse expenses incurred within two (2) years from the date of loss, up to 5% of the principal sum subject to a maximum of \$25,000.

Rehabilitation Expense. If an accidental bodily injury causes you or your insured dependent to suffer a covered loss which prevents you or your dependent from performing duties of your occupation and which results in a physician determining that rehabilitation is required, then this benefit will reimburse expenses incurred within 2 years from the date of loss, up to 5% of the principal sum, subject to a maximum of \$25,000.

Seat Belt and Occupant Protection Device. If you or your insured dependent suffers an accidental bodily injury resulting in a covered loss of life while you or your insured dependent is operating or riding in a private passenger automobile and using a seat belt, an additional benefit of 10% of the principal sum will be paid. If it cannot be determined if you or your insured dependent was using a seat belt then an alternate benefit amount of \$2,000 will be paid. This benefit also pays an additional 10% of the principal sum if you or your insured dependent suffers an accidental bodily injury as set forth above and you or your insured dependent is positioned in a seat protected by a properly deployed occupant protection device. The benefit amount for an occupant protection device will only be paid if a benefit amount (other than the alternate benefit amount) for seat belt is paid. The overall maximum benefit for seat belt and occupant protection device is 20% of the principal sum to \$50,000.

Spouse Employment Training Expense Benefit.

If an accidental bodily injury causes you to suffer a covered loss of life, this benefit will reimburse actual incurred costs for your spouse's tuition, fees, room and board, required books and course supplies at an institution of higher learning, up to a maximum benefit of 10% of the principal sum to a maximum of \$50,000 if expenses are incurred within 3 years of your loss of life.

Survivor. If an accidental bodily injury causes your or your insured spouse's covered loss of life, then this benefit will pay to the surviving spouse or dependent child a monthly amount equal to 1% of the principal sum payable for 12 months. This benefit is only payable

if you or your insured spouse has a surviving spouse or a dependent child insured under the policy on the date of the loss of life.

MULTIPLE LOSSES MAXIMUM PAYMENT CLAUSE

For the coverages listed below, if an insured has multiple losses as the result of one accident, the insurer pays only the single largest benefit amount applicable:

- Accidental Loss of Life & Dismemberment
- Coma

YOUR BENEFICIARY

Your beneficiary for the loss of life benefit shall be the beneficiary you name on the beneficiary form.

PLAN EXCLUSIONS

Insurance does not apply to any Accident, Accidental Bodily Injury or Loss when the United States of America has imposed any trade sanctions prohibiting the insurance, or there is any other legal prohibition against providing the insurance. In addition, insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly:

- An insured person being in, entering, or exiting any aircraft while acting or training as a pilot or crew-member. (This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency);
- An insured person being in, entering or exiting any aircraft 1) owned, leased or operated by the policyholder or on the policyholder's behalf, or 2) operated by an employee of the policyholder or on the policyholder's behalf;
- An insured person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunction, or medical or surgical treatment

thereof. (This exclusion does not apply to an Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria);

- A declared or undeclared war;
- An insured person's suicide, attempted suicide or intentionally self inflicted injury;
- Any occurrence while an insured person is incarcerated after conviction;
- An insured person's participation in military action while in active military service with the armed forces of any country or established international authority. (This exclusion does not apply to the first 60 days of active military service);
- An insured person traveling or flying on any rocket propelled or rocket launched aircraft or any flight which requires a special permit or waiver from a governmental authority (whether or not such permit or waiver is granted).



ENROLLMENT FORM

Voluntary Accident Election of Coverage

*Policyholder: Iowa State Association of
Counties*

Policy No.: 9906 86 46

Please check one:

- ☐ New Enrollment
☐ Change in Existing Coverage

Please print clearly

.....
Last Name First Name Middle Name

.....
Employee County

.....
Social Security Number

.....
Your Loss of Life Beneficiary

.....
Relationship

.....
Name of Spouse

.....
Your Contingent Beneficiary

.....
Benefit Amount Selected

Plan Choice: (check all of the plans that apply)

- ☐ Employee Only
☐ Family
☐ Employee & Child(ren)
- ☐ I authorize the premium for this insurance to
be deducted from my salary.
☐ I do not wish to purchase coverage under this plan.

.....
Your Signature

Please refer to ISAC website: <http://www.isacbenefits.com/>

This provides you with an easy-to-read summary of a Voluntary Accident Insurance Plan. This is not a contract of insurance but is simply an informative document. Complete provisions pertaining to the plan of insurance are contained in the master policy on file with the policyholder. If this insurance plan does not conform with your state statutes, it will be amended to comply with such laws. If a statement in this document and any provision in the policy differ, the policy will govern.



Chubb Group of Insurance Companies

Warren, New Jersey 07059

www.chubb.com